ENERGY ASSISTANCE APPLICATION

2.

3.

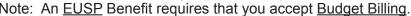
4.

5.

6.

The Office of Home Energy Programs will review your application for All MEAP and EUSP programs that apply.

Note: An <u>EUSP</u> Benefit requires that you accept <u>Budget Billing</u>.





PLEASE <u>PRINT</u> ALL INFORMATION

Please complete the front and back of this form. Return completed form to the local OHEP office along with the following:

- Proof of Household's income received in the 30 days prior to the date you sign this application
- Proof of identification, of residence, and Social Security Number
- A current electric bill and /or a current gas bill (if you are responsible for paying heat)

1.									
Social Security Number		Home Phone Number							
Name		Other Phone Number					tive		
Mailing Address		Your Street Address (If different from your mailing address or if you've moved)							
City, State, Zip									
(Check One) ☐ Home *If you rent: ☐ Do yo	ment or Multi-Family owner u receive reduced ro u Receive Utility Allo	Renter*	elp from HUD or		Roome	er/Boarder*			
Landlord's Name/Apart Landlord's Mailing Addi City:	RENTERS ONLY Is your heat included in the rent? Landlord's Name/Apartment Complex: Landlord's Mailing Address: City: Landlord's Phone Number: ()			Zip:			OFFICE USE ONLY FED ID/SS# Date Returned		
Fill in all spaces below TOTAL NUMBER OF H		·	-		ehold m	embers 18 y	ears and o	ver is	
Please use the followin			American 4.	. Asian . Native	or Pacif	ic Islander an or Alaska			
FIRST & LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE M/D/Yr	RELATIONSHIP TO APPLICANT	SEX M/F	RACE CODE	American Citizen (YES or NO)	Disabled (Yes or No)	List all Types of Income	30-Day Gross Income
		/ /	APPLICANT						

/ /

/ /

/

4. ELECTRIC (EUSP) CO	MPANY INFORMATION	N S	SN NUMBER					
My electric company is								
The name on the accoun	nt is	A	Account Number					
I have a turn-off notice from	om this company:							
as long as they <u>continue</u> to participate in USPP to reco	o pay the minimal month eive MEAP benefits and	nly payment as required no money will be paid to	ice Protection Plan) helps cust by their utility supplier. I under o my account through USPP.	rstand that I d				
5. CHECK ONE BOX BE □ Electricity □ Utilit My Heat supplier or fuel	y Gas	☐ Oil ☐ Kerose	ene 🗌 Coal 🔲 Wood	/Pellets				
The name on the accoun	ıt is	A	ccount Number					
UTILITY GAS CUSTOME	RS ONLY:							
☐ YES ☐ NO I would as they <u>continue</u> to pay the in USPP to receive EUSP	like to participate in US e minimal monthly paym benefits and no money	SPP. USPP (Utility Servic lent as required by their will be paid to my accou	e is turned off now:	mers prevent nat I do not ha				
6. Other Informationa. Do you wish to be referedb. Your application will be one of the boxes and prove	processed for all eligible	e benefits. If you're Not	interested in receiving any of	the programs	, please check			
that when this application all household income, ban governmental agencies to company or other agency If you checked Yes on que An appeal can be filed to o	on provided to Office of is signed, permission is k accounts, housing experience and/or receive infogiving a service/benefit estion #6-a, we will refer thange the decision on the local agency were signed.	Home Energy Programs given: 1) for the OHEP apenses, insurances and rmation from OHEP nee to have information on the all necessary information this application or if help	processed. Is (OHEP) is true, correct, and cond/or the Office of Inspector Condition of the Condition of th	General (OIG) other governmen; and (3) for nd/or received am.	to check nental/non- my gas/electric d from them.			
Maryland has a fraud law.	Punishment can occur	for not telling the truth w	then applying for assistance to	pay home er	nergy costs.			
Applicant's Sig	gnature	Date						
OFFICE USE ONLY:								
COUNTY	CENTER	DATE RECEIVED	INTAKE WORKER SIGNATURE		DATE			
# IN HH	TOTAL INCOME	SUB/HUD	CERTIFIER SIGNATURE		DATE			
WORKER'S COMMENTS								
	MEAP	EUSP BILL ASSISTANCE	EUSP ARREARAGE	MEAP	CRISIS CODE			
ANNUAL USAGE				POV	ERTY LEVEL			
BENEFIT AMOUNT								
DENIAL CODE								